

House Amendment 1554

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1 1 Amend Senate File 440, as passed by the Senate, as
1 2 follows:
1 3 #1. Page 1, by inserting after line 20 the
1 4 following:
1 5 NEW SECTION. 514C.21 MANDATED
1 6 COVERAGE FOR MENTAL HEALTH CONDITIONS.
1 7 1. For purposes of this section, unless the
1 8 context otherwise requires:
1 9 a. "Mental health condition" means a condition or
1 10 disorder involving mental illness or alcohol or
1 11 substance abuse that falls under any of the diagnostic
1 12 categories listed in the mental disorders section of
1 13 the international classification of disease, as
1 14 periodically revised.
1 15 b. "Rates, terms, and conditions" means any
1 16 lifetime payment limits, deductibles, copayments,
1 17 coinsurance, and any other cost-sharing requirements,
1 18 out-of-pocket limits, visit limitations, and any other
1 19 financial component of benefits coverage that affects
1 20 the covered individual.
1 21 2. a. Notwithstanding section 514C.6, a policy or
1 22 contract providing for third-party payment or
1 23 prepayment of health or medical expenses shall provide
1 24 coverage benefits for mental health conditions based
1 25 on rates, terms, and conditions which are no more
1 26 restrictive than the rates, terms, and conditions for
1 27 coverage benefits provided for other health or medical
1 28 conditions under the policy or contract.
1 29 Additionally, any rates, terms, and conditions
1 30 involving deductibles, copayments, coinsurance, and
1 31 any other cost-sharing requirements shall be
1 32 cumulative for coverage of both mental health
1 33 conditions and other health or medical conditions
1 34 under the policy or contract.
1 35 b. Coverage required under this subsection shall
1 36 be as follows:
1 37 (1) For the treatment of mental illness, coverage
1 38 shall be for services provided by a licensed mental
1 39 health professional, or services provided in a
1 40 licensed hospital or health facility.
1 41 (2) For the treatment of alcohol or substance
1 42 abuse, coverage shall be for services provided by a
1 43 substance abuse counselor, as approved by the
1 44 department of human services, a licensed health
1 45 facility providing a program for the treatment of
1 46 alcohol or substance abuse approved by the department
1 47 of human services, or a substance abuse treatment and
1 48 rehabilitation facility, as licensed by the department
1 49 of public health pursuant to chapter 125.
1 50 3. This section applies to the following classes
2 1 of third-party payment provider contracts or policies
2 2 delivered, issued for delivery, continued, or renewed
2 3 in this state on or after January 1, 2004:
2 4 a. Individual or group accident and sickness
2 5 insurance providing coverage on an expense-incurred
2 6 basis.
2 7 b. An individual or group hospital or medical
2 8 service contract issued pursuant to chapter 509, 514,
2 9 or 514A.
2 10 c. A plan established pursuant to chapter 509A for
2 11 public employees.
2 12 d. An individual or group health maintenance
2 13 organization contract regulated under chapter 514B.
2 14 e. An individual or group Medicare supplemental
2 15 policy, unless coverage pursuant to such policy is
2 16 preempted by federal law.
2 17 f. Any other entity engaged in the business of
2 18 insurance, risk transfer, or risk retention, which is
2 19 subject to the jurisdiction of the commissioner.
2 20 g. An organized delivery system licensed by the
2 21 director of public health.
2 22 4. The commissioner shall adopt rules to
2 23 administer this section after consultation with the
2 24 mental health insurance advisory committee.

2 25 a. The commissioner shall appoint members to a
2 26 mental health insurance advisory committee. Members
2 27 shall include all sectors of society impacted by
2 28 issues associated with coverage of mental health
2 29 treatment by third-party payors including, but not
2 30 limited to, representatives of the insurance industry,
2 31 small and large employers, employee representatives
2 32 including labor, individual consumers, health care
2 33 providers, and other groups and individuals that may
2 34 be identified by the insurance division of the
2 35 department of commerce.

2 36 b. The committee shall meet upon the request of
2 37 the commissioner to review rules proposed under this
2 38 section by the commissioner, and to make suggestions
2 39 as appropriate.>

2 40 #2. Title page, line 2, by inserting after the
2 41 word the following: <, and including
2 42 third-party payment of health care coverage costs for
2 43 mental health conditions, including substance abuse
2 44 treatment services>.

2 45 #3. By renumbering, redesignating, and correcting
2 46 internal references as necessary.

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2 50 MASCHER of Johnson

3 1 SF 440.709 80

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